



Montana Department of Public Health & Human Services
Food & Consumer Safety Section (406) 444-2408
Campground or Trailer Court Establishment Plan Review

Licensee (Operator) Name _____

Establishment Name _____

Establishment Location Address _____

City _____ Zip _____ County _____

Legal Description _____

Mailing Address (*If different from above*) _____

City _____ State _____ Zip _____

On-Site Manager (Operator) Name _____

Office Phone _____ Cell _____ Email _____

Engineer/Architect/Designer Name (*If applicable*) _____

Business Name _____

Business Mailing Address _____

City _____ State _____ Zip _____

Office Phone _____ Cell _____ Email _____

Please submit this completed form, scaled layout plans and specifications of your proposal to the Department of Public Health & Human Services (DPHHS), Food & Consumer Safety, PO Box 202951, Helena, MT 59620-2951 **and** to the local sanitarian (i.e. environmental health office). DPHHS and sanitarian approval of these plans must be obtained prior to construction, alteration, enlargement or occupation of a campground or trailer court. Conversion of a trailer court or campground from one type to another must be approved by DPHHS and local sanitarian.

Inspection and approval by the local sanitarian must be obtained before a license will be issued. Submit license fee (payable to DPHHS) to local sanitarian once the license is approved. The annual license fee is \$40 for 1 to 10 sites, \$60 for 11 to 25 sites, \$120 for 26 or more sites.

If the proposal qualifies as a subdivision, public water supply, or public wastewater system, plans must be submitted to the Department of Environmental Quality (DEQ) and the local sanitarian in accordance with the subdivision requirements in ARM Title 17, Chapter 36, subchapter 3 and public water supply requirements in ARM Title 17, Chapter 38, subchapter 1, as applicable.

DPHHS will make approval or disapproval known to the applicant within 60 days of a complete plan submittal. This deadline may be extended to 120 days or later if an environmental health impact statement is required, as determined by DEQ. Any approval of plans expires in 2 years if construction has not begun.

Please answer every question. If a question does not apply to your establishment, then place a "NA" (not applicable) next to the item. Note: most plans are denied because of incomplete information.

REASON FOR REVIEW: *Choose one.*

- ☐ A. New Construction
- ☐ B. Alteration or Enlargement of Existing Licensed Campground and/or Trailer Court
- ☐ C. Reactivation of a Previously Licensed Establishment

If previously licensed, former name _____

Previous license number _____ Last calendar year licensed _____

PROPOSED TYPE OF ESTABLISHMENT: *Check all that are applicable.*

☐ 1. Campground

Describe Campground Type:

- ☐ A. General Services Campground –provides on-site potable water, sewage disposal, solid waste disposal and includes services such as common bathrooms, laundry or groceries.
- ☐ B. Limited Services Campground –provides for sewage disposal, solid waste disposal, and may provide potable water [as determined by ARM 37.111.206(2)].
- ☐ C. Primitive Campground –does not provide any services and is not accessible by motorized vehicles.

Number of Sites for Each:

- ☐ 1. Recreational Vehicles _____
- ☐ 2. Tents _____
- ☐ 3. Rustic Cabins _____

☐ 2. Trailer Court (Mobile Home Park): Number of sites _____

☐ 3. Work Camp: *Please use the Work Camp Plan Review document, not this one.*

☐ 4. Youth Camp: Number of persons (adults and youth) _____

EXISTING TYPE OF ESTABLISHMENT: *Check all that are applicable based on current licensing.*

☐ 1. Campground

Describe Campground Type:

- ☐ A. General Services Campground –provides on-site potable water, sewage disposal, solid waste disposal and includes services such as common bathrooms, laundry or groceries.
- ☐ B. Limited Services Campground –provides for sewage disposal, solid waste disposal, and may provide potable water (as determined by ARM 37.111.206(2)).
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Number of Sites for Each:

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☐ 3. Work Camp: *Please use the Work Camp Plan Review document, not this one.*

☐ 4. Youth Camp: Number of persons (adults and youth) _____

GENERAL PLAN REVIEW REQUIREMENTS

With this application, please submit the following:

- ☐ 1. Scaled plans showing the number and size of all trailer spaces and /or campsites. Include a number or other identification for each site.
- ☐ 2. Detail of each typical trailer space and/or campsite, showing where the water and sewer risers are in relation to one another.
- ☐ 3. Detail of location of water and sewer riser on typical trailer space, if not obvious on main plan.
- ☐ 4. Location and detail of each watering station (used by multiple campers).
- ☐ 5. Location and detail of each wastewater sanitary station (used by multiple campers).
- ☐ 6. Location of each solid waste storage containers.
- ☐ 7. Location, detail and finish schedule of any service building, cooking or cleaning shelter, or other public structure.

The following will be more thoroughly reviewed by DEQ and/or local jurisdictions:

- ☐ Information relating to the water supply and distribution system.
- ☐ Cross section of stop-and-waste valve and drain system.
- ☐ Water service lateral pipe size, material and location.
- ☐ Cross section of water riser indicating pipe size and material is shown.
- ☐ Information relating to the wastewater collection, treatment and disposal system, surface drainage as required by ARM 17.36.104.
- ☐ Sewer service lateral pipe size, material, gradient and location.
- ☐ Cross section of sewer riser indicating pipe size and material.
- ☐ Detail of water and sewer line crossing with vertical and horizontal separations.
- ☐ Evidence that the existing utilities meet or exceed current standards.

WATER SUPPLY

- ☐ Any surface water and/or a hydrant accessible to the public that is non-potable (not safe for drinking) is clearly posted "unsafe for human consumption or domestic purposes".

Choose one of the following four options which best describes the potable water supply source.

- ☐ A. The establishment will be connecting to an existing public water supply, PWSID #_____. Connection to a public water supply is required if an available supply has adequate pressure and volume, and the owner agrees to provide service. Connection plans must be reviewed and approved by DEQ.

- ☐ B. A public water supply will be developed and used. "Public water supply system" means a water supply that has at least 15 service connections or that regularly serves at least 25 persons daily for any 60 or more days in a calendar year. Plans must be reviewed and approved by DEQ.
- ☐ C. Systems not meeting the definition of a public water supply may develop and use a private water supply, in accordance to ARM 17.36.301 through 17.36.305. Satisfactory coliform and nitrate tests must be provided before the system may be used as a potable water supply.
- If the system is a non-public water supply, routine coliform tests are taken twice a year (April through June and again July through September); nitrate tests are taken every three years. Record the most recent water sample testing results here:
- ☐ Coliform bacteria test date _____ Result _____
- ☐ Nitrate test date _____ Result _____
- ☐ D. The campground is limited services and no potable water will be provided. A deviation from providing potable water is requested of DPHHS and local sanitarian. Describe how the public will be informed that no potable water is available: _____
- _____
- _____
- _____

Choose one of the following three options which best describe access to water.

- ☐ A. An individual water hydrant or connection riser will be at each site or structure.
- ☐ B. A common water station will be within 300 feet of each tent and/or dependent RV site, and will be separated from wastewater station to ensure water hose is not used to flush wastewater holding tank.
- ☐ C. Some sites will have an individual hydrant or riser, some will use a common water station. *(This should be clearly marked on the layout plans)*

Answer all of the following for potable water protection.

- ☐ 1. Water risers and hydrants will be protected by a post or other permanent barrier. Describe: _____
- ☐ 2. Water risers will have a shut-off valve at each outlet.
- ☐ 3. Water connections to each site or living unit will be protected from backflow/back siphonage. Describe: _____

Choose one of the following for potable water pressure.

- ☐ A. New installation has been or will be tested for pressure and leakage according to AWWA American National Standard C600-87, 1987.
- ☐ B. Existing system provides water pressure at least 20 psi measured at the farthest site during peak use.

SEWAGE SYSTEM

Choose one of the following six options which best describes the wastewater disposal system.

- ☐ 1. The establishment will be connecting to an existing public wastewater system, DEQ #_____. Connection to a public wastewater system is required if an available system has adequate capacity, and the owner agrees to provide service. Connection plans must be reviewed and approved by DEQ.
- ☐ 2. A public wastewater system will be developed and used. System name: _____
"Public wastewater system" means a sewage system that has at least 15 service connections or that regularly serves at least 25 persons daily for any 60 or more days in a calendar year. Plans must be reviewed and approved by DEQ.
- ☐ 3. A private sewage system will be used. It is adequate, safe, and meets local regulation (i.e. permitted) under 50-2-116, MCA.
- ☐ 4. Sealed vault pit privy. *[For limited services campgrounds only]*
- ☐ 5. A posted sign gives the location of a sanitary station within 15 miles that is available 24/7 to the public. *[For limited services campgrounds with only independent trailers]*
- ☐ 6. An alternative system will be used. *[For limited services campgrounds only]* Describe how this deviation will prevent potential pollution of state waters or adverse public health effects [Ref. 37.111.207(1)(d)(iii)] _____

➤ Note: An alternative system or pit privy may not be located to cause pollution of state waters or pose potential adverse public health effects.

SEWAGE SYSTEM CONNECTION

For individual sewer riser connections at each site:

- ☐ 1. 4 inch diameter riser, in vertical position.
- ☐ 2. Sewer riser separated from drinking water riser by at least 6 feet.
- ☐ 3. Surface drainage diverted away from riser.
- ☐ 4. Air-tight, tamper-resistant cap in place when not occupied.
- ☐ 5. Materials meet state plumbing requirements, except flex hose ok for RV connection without skirting if not more than 30 days. [Ref. 24.301.301(1)]
- ☐ 6. System leak tested with at least a 10-foot head of water for at least 15 minutes.

For common area sanitary stations:

- ☐ 1. At least one for every 100 RV sites without an individual sewer riser.
- ☐ 2. 4 inch minimum diameter sewer riser.
- ☐ 3. Concrete apron at least 4 square feet at inlet end, sloped to the drain.

- ☐ 4. Self-closing hinged cover over the central drain.
- ☐ 5. Wash-down water outlet with anti-back siphoning device.
- ☐ 6. Sign states the water is unsafe for drinking.
- ☐ 7. Feature meets DEQ subdivision requirements.
- ☐ 8. Materials meet state plumbing requirements.
- ☐ 9. System leak tested with at least a 10-foot head of water for at least 15 minutes.

SOLID WASTE *Choose one of the two options and answer the details for either option.*

- ☐ A. Management will provide solid waste storage, collection and disposal.
 - ☐ 1. Containers are rodent-proof, with secured lids that are fly-tight and water-tight.
 - ☐ 2. Containers are within 300 feet of every site.
 - ☐ 3. Garbage storage is adequate and prevents any type of hazard.
 - ☐ 4. Garbage is sent to a licensed solid waste facility at least weekly.
 - ☐ Name of facility: _____
- ☐ B. If the management is not able to provide garbage collection and disposal for a limited services campground, then a deviation may be requested. Describe how the manager will ensure storage, collection and disposal of solid waste will not create a hazard. _____

JUST FOR TRAILER COURTS

- ☐ 1. At least 20 feet of side-by-side separation distance is required between manufactured homes.
- ☐ 2. Skirting must have access opening near service connections and not provide insect or rodent harborage.
- ☐ 3. Roadways maintained to minimize continual dust problems to residences.
- ☐ 4. Occupants are given address and 24/7 phone number of the manager.
- ☐ 5. Every home has a visible address.

JUST FOR CAMPGROUNDS

- ☐ 1. Every site has a visible identification number.
- ☐ 2. Signs are placed to designate type of sites, if applicable.
- ☐ 3. Licensee or manager notifies the local health authority of any suspected communicable or contagious disease within the campground.
- ☐ 4. Electrical cords are in good repair and not driven over.
- ☐ 5. General services campgrounds maintain a guest registration with the following:
 - ☐ 1. Kept at least 6 months.
 - ☐ 2. Name and residential address of each site occupant.

☐ 3. Vehicle make, model, and license number.

☐ 4. Date of arrival and departure.

☐ Note: Overflow of camping (above the number of camping sites approved on the validated license) may be allowed up to 14 days in a calendar year **if** the local health authority provides written approval in advance and the licensee/manager ensures provisions for sewage disposal, solid waste disposal, and potable water.

MANAGEMENT *Please check each item to verify you understand these requirements of licensing, or the applicant has given this information to the licensee/manager.*

☐ Licensee is responsible for providing adequate supervision, establishment good repair and sanitary condition.

☐ Manager must have authority to take immediate actions to correct any public health problems.

☐ Pets must be limited to lot or site unless leashed.

☐ Manager is responsible for containment or nuisance of pets.

GENERAL SERVICES CAMPGROUNDS with a **SERVICE BUILDING** must provide the following:

☐ Location is within 300 feet from all dependent RV or tent sites.

☐ Toilets, urinals, handwashing sinks, and showers are according to ARM 37.111.230 Table I.

☐ Permanent construction with lighting and janitor sink.

☐ Plumbed areas smooth, durable, and easily cleanable.

☐ Showers non-slip surfaces and with ventilation.

☐ Windows, doors, or other openings screened or kept closed.

☐ Continuously supplied with hand soap and toilet tissue.

CABINS, COOKING SHELTERS, OR OTHER BUILDINGS *Please check each item to verify you understand these requirements of licensing, or the applicant has given this information to the licensee/manager.*

☐ Cleaned daily during operating season.

☐ Dishes and utensils non-toxic, durable, easily cleanable, in good repair and washed and sanitized by campground employees after every use.

☐ Cabin, tent or other structure provided by management must be thoroughly cleaned after occupation.

☐ Mattress covered with washable cover, kept clean and sanitary.

☐ Bedding clean, sanitary and in good repair.

LICENSE REQUIREMENT AND DISPLAY

- ◆ Notice: Once you receive your license, it must be displayed in a location approved by local health authority or department. The license is not transferable. This means if you sell your business to another person, he/she must apply for a new license. If you move to a new location, you must apply for a new license. If you add any type of sites, you must contact the health authority for a review and approval of your changes.
- ◆ Approval of these plans and specifications by the health authority does not indicate compliance with any other code, law or regulation that may be required.
- ◆ Obtaining a license from the health authority does not relieve the applicant from satisfying applicable requirements from other federal, state, or local agencies (such as building code permits and inspections, fire and life safety inspections, and other business licenses).
- ◆ I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior permission from the health authority may nullify any approval from the local health authority and/or the department.

❖ *This application must be signed and dated by one of the following:*

➤ Licensee Signature (Owner or Manager)

Name _____ Date _____

➤ Engineer/Architect/Designer

Name _____ Date _____

➤ Other Applicant Authorized by Licensee

Name _____ Date _____